

**Worksheet 3**  
**GENERAL CONTRACT INFORMATION**

<b>CONTRACTOR</b>	
Agency Name	
Signatory Name and Title:	
Mailing Address:	
Telephone:	FAX:
Federal ID:	Email:

<b>CONTRACT LIAISON</b> (person who should be primary contact for contract information)	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

<b>FINANCIAL REPORTER</b> (expenditure reports)	
Name and Title:	
Address:	
Address to mail reimbursement:	
Telephone:	Fax:
Email:	

<b>LEAD PUBLIC HEALTH OFFICIAL/CEO/AGENCY DIRECTOR</b>	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

<b>WIC DIRECTOR</b>	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

<b>BF COORDINATOR</b>	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

<b>TRAINING COORDINATOR</b>	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

LOCAL AGENCY RETAILER COORDINATOR (LARC)	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

**\*Please keep the state WIC office updated on all changes throughout the year\***

MAIN CLINIC INFORMATION	
Address:	
Mailing Address (if different):	
Telephone:	Fax:
Email:	
Days of Operation:	Hours of Operation:

SATELLITE/OUTLYING CLINIC INFORMATION (provide address, telephone & days/hours of operation for each site)	

Use additional pages or continue on back if necessary. This budget request includes 3 Worksheets and has been prepared by:

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date